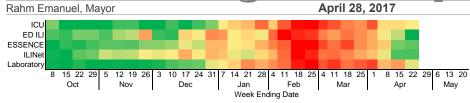
Julie Morita, MD, Commissioner



The **Quick View** heat graph represents the varying level of intensity among the five influenza surveillance indicators that are routinely monitored during the influenza season (Figures 1-5).

News & Updates The 22nd Annual Infection Control Conference will be held on June 9th, 2017; registration and agenda information coming soon. In April, CDC issued Community Mitigation Guidelines to Prevent Pandemic Influenza - United States, 2017. These guidelines discuss nonpharmaceutical interventions (NPIs), which are actions that persons and communities can take to help slow the spread of seasonal and pandemic influenza viruses. As long as influenza is circulating, all Chicagoans aged six months and older are encouraged to get a flu shot. For those without a healthcare provider, a list of City of Chicago Fast-Track Immunization Clinics is available on the city website and by calling 311.

What is the risk?

Currently, the risk of influenza infection continues to decrease.

Are severe cases of influenza occurring?

For the week of April 16-22, 2017, four influenzaassociated ICU hospitalizations were reported (**Figure** 1).

Since October 2, 2016, 266 influenza-associated ICU hospitalizations have been reported; 184 were positive for influenza A (107 H3N2, 2 H1N1pdm09 and 75 unknown subtype [subtyping not attempted or not all subtypes tested]) and 82 were positive for influenza B. The median age of reported cases is 62 years (range of 1 month - 100 years). Fourteen deaths have been reported among ICU cases including two pediatric patients and 18 cases were admitted from long-term care facilities; selected characteristics are summarized in **Table 1**.

Table 1. Selected attributes of influenza-associated intensive care unit hospitalizations reported for Chicago residents for current season (2016-2017), October-May.

Age Group	#	%*	Sex	#	%
0-4	28	11	Male	126	47
5-17	29	11	Female	140	53
18-24	6	2	Med. Cond./Complication [†]		
25-49	31	12	Lung Disease	86	32
50-64	57	21	Cardiac Disease	76	29
≥65	115	43	Diabetes	64	24
Race/Ethnicity			Ventilator Support	68	26
NH-White	80	30	Reported Deaths	14	5
NH-Black	101	38	Treatment/Vaccination [†]		
Hispanic	71	27	Reported Antiviral Tx	186	70
Asian	14	5	Reported Flu Shot	106	40

^{*} Percentages may not add up to 100 due to rounding; † As reported in INEDSS (Illinois National Electronic Disease Surveillance System).

How much influenza-like illness is occurring?

CDPH receives data from several hospitals in Chicago that provide emergent care, which report on a weekly basis the total number of emergency department visits, and of those visits, the number with influenza-like ill-

Figure 1. Number of influenza-associated ICU hospitalizations reported for Chicago residents, for the current season (2016-2017) by influenza type, October-May.

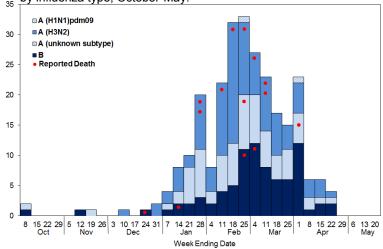
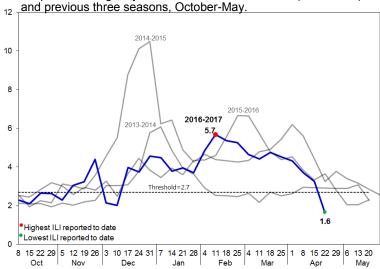


Figure 2. Percent of <u>emergency department visits</u> attributed to influenza-like illness based on manual reports by individual hospitals, Chicago, by week, for the current season (2016-2017)



ness (ILI) (i.e., fever of 100°F or greater, with cough or sore throat). For the week of April 16-22, 2017, with 7 hospitals reporting, 1.6% of emergency department visits were due to ILI (Figure 2). ESSENCE is an electronic syndromic surveillance system that utilizes emergency department chief complaint data submitted daily by Chicago hospitals; ILI activity is determined solely based on the patient's chief complaint and does not take into account the entire medical record, as the ILI activity reported in Figure 2 does.

Currently, all Chicago hospitals submit data to **ES-SENCE**, covering every emergency department visit in the city. For the week of April 16-22, 2017, 1.5% of all emergency department visits were due to ILI; Northside hospitals had slightly higher ILI at 1.6%, Southside hospitals at 1.5% and Westside hospitals had slightly lower ILI at 1.4% (**Figure 3**).

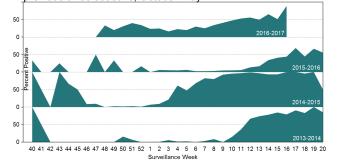
Several outpatient clinics throughout Chicago participate in CDC's Influenza-like Illness Surveillance Network (**ILINet**) by reporting on the number of patients with ILI seen weekly. For the week of April 16-22, 2017, with 21 facilities reporting, 3.7% of outpatient visits were due to influenza-like illness (**Figure 4**).

Which influenza strains are circulating?

Data on influenza virus test results are reported by Chicago laboratories performing influenza RT-PCR. For the week of April 16-22, 2017, with 6 laboratories reporting, 36 of the 641 (5.6%) specimens tested for influenza were positive (4 A (H3N2), 0 A (H1N1pdm09), 0 A [unknown subtype], and 32 influenza B).

Since October 2, 2016, 2,027 of 19,391 (10.5%) specimens tested for influenza have been positive; 1,247 typed as influenza A (1,065 H3N2, 21 H1N1pdm09, and 161 unknown subtype [subtyping not attempted or not all subtypes tested]) and 780 typed as influenza B (**Figure 5**). Since mid-March, influenza B has accounted for over 50% of the specimens testing positive for influenza; influenza B tends to increase towards the end of the season (**Figure 6**).

Figure 6. Percent of specimens testing positive (by RT-PCR) for influenza B as reported by local laboratories serving Chicago hospitals, for the current season (2016-2017) and previous three seasons, October-May.



Where can I get more information?

The Centers for Disease Control and Prevention's FluView³ report provides national updates and trends related to the intensity of influenza activity across the United States, as well as detailed information on antiviral resistance, severity of illness, and other topics. Updates specific to Illinois⁴ and Suburban Cook County⁵ are also available online. Current and archived issues of the *Chicago Flu Update* can be found on the CDPH website section Current Flu Situation in Chicago⁶.

Reporting Information

The Illinois Department of Public Health (IDPH) has issued influenza testing and reporting recommendations⁷; healthcare facilities can report cases to the Chicago Department of Public Health via the Illinois National Electronic Disease Surveillance System (INEDSS).⁸

Figure 3. Percent of <u>emergency department</u> visits attributed to influenza-like illness by hospital region based on chief complaint data submitted to ESSENCE, Chicago, by week, for the current season (2016) and based on the Marie Region by the season (2016) and based on the seas

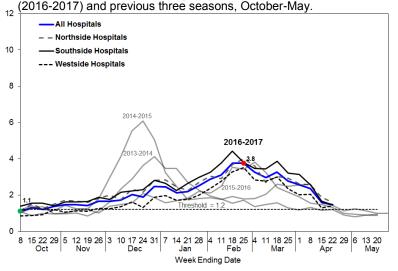


Figure 4. Percent of medically-attended <u>outpatient</u> visits attributed to influenza-like illness as reported by ILINet facilities, Chicago, by week, for the current season (2016-2017) and previous three

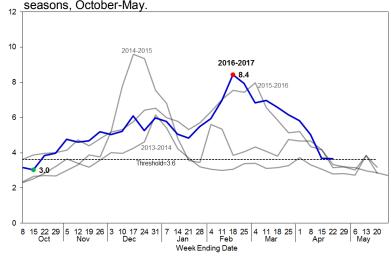


Figure 5. Percent of specimens testing positive (by RT-PCR) for influenza by subtype as reported by local laboratories serving Chicago hospitals, for the current season (2016-2017) October-May.

